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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/761,810	01/21/2004	Louis B. Fisher	MKAY:033US	1007
32425 7590 04/11/2008 FULBRIGHT & JAWORSKI L.L.P.			EXAMINER	
600 CONGRESS AVE.			KANTAMNENI, SHOBHA	
SUITE 2400 AUSTIN, TX	78701		ART UNIT	PAPER NUMBER
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			04/11/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Interview Summary

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	Shobha Kantamneni	1617	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Shobha Kantamneni</u> .	(3)		
(2) <u>Michael Krawzsenek</u> .	(4)		
Date of Interview: 21 March 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2)⊠ applicant's representative	•]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f)☐ was reached. g) was not reached. h) № N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Inquired if the applicant f Michael Krawzsenek informed that no response has been in the comment of the comm</u>	iled a response to the office a		
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no c allowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGENITER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERILE A STATEMENT OF THE SUBSTANCE OF THE INTERQUIREMENTS on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP ' DAYS FROM T WHICHEVER IS	LICANT IS HIS
	/S. K./ Examiner, Art Unit 1617		
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	